



TRAVEL AUTHORIZATION FORM

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|-------------------------|
| Travel Office Only |
| Airline Direct Bill: |
| Car Rental Direct Bill: |
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This form MUST be completed in its entirety for processing, Forms without proper approvals will be returned.

For additional information, please see the AU Travel site at: <https://my.augusta.edu/finance/controller/travel>

- Approved Travel Authorization Forms **MUST** be in the AU Travel Office in order to pre-approve airline tickets via approved travel agencies, pay Enterprise Direct Bills, and pay registrations via check requests
- Retain zero cost forms in the Department, these are necessary for proof of insurance coverage while off campus
- Augusta University is not responsible and will not reimburse for any travel related charges while on personal travel
- If you have personal travel days added to business travel plans, you must provide a cost comparison for airfare to show that personal departure and/or return days do not cause Augusta University to incur additional costs
- While on personal leave time, the traveler is not covered by the Augusta University insurance policy, and the traveler must enter leave time in OneUSG Connect, if applicable.
- Approved Travel Authorization forms are in accordance to the TA checklist located on the AU Travel Site.

SECTION 1 - TRAVELER INFORMATION (To be completed by Traveler or Preparer)

| | | | | |
|---|----------------------|-----------------------|--------------|-------------------|
| TRAVELER'S NAME: | | HOME ADDRESS: | | |
| EMPLOYEE ID: | | WORK ADDRESS: | | |
| TITLE: | | | | |
| DEPARTMENT: | | | | |
| PERSONAL START DATE: | | PERSONAL END DATE: | | |
| AU BUSINESS START DATE: | | AU BUSINESS END DATE: | | |
| LOCATION: | | | | |
| TYPE OF TRAVELER: AU EMPLOYEE FULL-TIME AU EMPLOYEE PART-TIME AU STUDENT | | | | |
| <i>Fund</i> | <i>Department ID</i> | <i>Program</i> | <i>Class</i> | <i>Project ID</i> |
| | | | | |
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SECTION 2 - DEPARTMENTAL CONTACT INFORMATION (To be completed by Preparer)

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|------------------------------------|
| DEPARTMENT NAME: |
| PREPARER'S NAME: |
| PREPARER'S EMAIL AND PHONE NUMBER: |
| PREPARER'S SIGNATURE: |

SECTION 3 - TRAVEL PLANS

| | |
|---|---|
| SELECT THE PURPOSE(S) OF THE TRIP: | |
| Travel between AU campuses Patient Care Athletics Team Travel Blanket Travel (Provide Purpose and Dates) Study Abroad Meeting or Conference (provide name of event) _____ Other (description required) _____ _____ | Continuing Education/Professional Development Recruiting Teaching/Instruction Research |
| MODE OF TRANSPORTATION: | |
| SITE(S) VISITED: | |

SECTION 4 – ESTIMATED COSTS (To be completed by Preparer)

| Account Code | Description | | | | Amount |
|---------------------|---|------------------------------|---------------------------------|-----------------------------------|--------|
| 727121 | Registration | <i>Prepaid on Pcard</i> | <i>Prepaid by Check Request</i> | <i>Reimburse to Traveler</i> | |
| 641110 | Transportation (Gas, Public Transportation, Taxi, Trains, Tolls etc.) | | | | |
| 641120 | Airline | <i>Reimburse to Traveler</i> | <i>Direct Bill from Agency</i> | <i>Prepaid on AU Travel PCard</i> | |
| 641130 | Meals | | | | |
| 641140 | Lodging | | | | |
| 641150 | Miscellaneous Charges (explain) | | | | |
| 641160 | Rental Car | <i>Reimburse</i> | <i>Direct Bill from Agency</i> | | |
| 641170 | Parking | | | | |
| 641510 | Mileage (number of miles x \$0.575) | | | | |
| 641510 | Personal/Private Airplane Mileage (number of miles x \$1.27) <i>If Personal/Private Airplane Mileage is selected, EVP or Presidential Approval is required in Section 7.</i> | | | | |
| | Other (explain) | | | | |
| TOTAL ESTIMATE COST | | | | | |

SECTION 5 – TRAVEL APPROVALS (Approving officials MUST have supervisory and budgetary authority over traveler)

By signing this document, the parties attest that the travel is approved, appropriate, and necessary and provides benefit to Augusta University. The parties further attest they have read and understand the AU Travel Policy, Guidelines and Outside Activities and Off-campus policy.

***Travel Authorizations cannot be self-approved.**

| | | |
|----------------------|--------------|------|
| Traveler's Signature | Printed Name | Date |
|----------------------|--------------|------|

Supervisory Approval Authorizing Travel and Campus Absence**Budgetary Approval for Expenditures**

Name:

Name:

Title:

Title:

Signature:

Signature:

Date:

Date:

SECTION 6 – FOREIGN TRAVEL APPROVALS**Executive Vice President or President****Sponsored Programs Administration**

Name:

Name:

Signature:

Signature:

Date:

Date:

SECTION 7 – PERSONAL/PRIVATE AIRPLANE MILEAGE APPROVALS**Executive Vice President or President**

Name:

Signature:

Date:

If AU is reimbursing the traveler, attach the TA to the TES and submit to the Travel Office - HS-B160.
 If AU is to pay registration in advance, attach the TA to the Check Request and submit to the Travel Office - HS-B160.
 If AU is to prepay via PCARD or Direct Bill, please send the TA to TRAVEL@augusta.edu.